Performance Report Card Human Services Department Fiscal Year 2009

Performance Overview: The department maintains a relatively well-defined set of performance measures related to the strategic plan. However, given the size and importance of these social services programs, especially Medicaid and TANF, additional outcome measures are necessary to monitor and gauge program effectiveness. The department of quarterly report is clearly presented and includes action plans to address lower performing areas.

	edical Assistance Budget: FTE ogram \$3,142,450.7 162		FY09 Target	Q2	Q3	Q4	Final	Rating
1	Percent of children enrolled in Medicaid managed care w have a dental exam* (cumulative)	7ho 61%	50%	40%	54%	60%	60%	G
2	Number of children in the Medicaid school-based service (cumulative)	es* 16,860	17,500	11,098	14,307	16,795	16,795	R
3	Percent of children in Medicaid managed care receiving early and periodic screening, diagnosis and treatment services* (cumulative)	70%	70%	38%	51%	60%	60%	R
4	Percent of age appropriate women enrolled in Medicaid managed care receiving breast cancer screens* (cumulati	ve) 54%	53%	43%	48%	51%	51%	R
5	Number of adults enrolled in State Coverage Insurance (SCI)* (cumulative)	23,060	25,000	33,784	31,352	37,918	37,918	G
6	Percent of age appropriate women enrolled in Medicaid managed care receiving cervical cancer screens* (cumulative)	74%	69%	61%	68%	73%	73%	G
Pro	ogram Rating	Y						Y

Comments: HSD tracks most of this performance data through its contracts with managed care organizations (MCOs). The department sets performance targets for the MCOs and has a financial incentive program for performance. FY09 targets are in line with national benchmarks for these key measures. Of particular concern is the lower percent of children receiving annual check-ups (measure 3). The department reported on their work with the MCOs to increase the number of children getting care and noted performance may improve as more claims data becomes available. The department should also report on a broader set of outcome measures to determine whether client health is improving. Some of this data (e.g., for asthma and diabetes) is already reported to HSD. Additional efficiency measures to gauge cost effectiveness (e.g., per-member permonth [PMPM] costs in managed care) would further support public transparency. HSD began reporting separately on quarterly average PMPM costs.

Medicaid Behavioral Budget:		•	FTE:	FY08	FY09	Q2	Q3	04	Final	Rating
Health Program \$320,375.0 0		Actual	Target	Q2	Q ₃	Ų†	Tillai	Rating		
7	Percent of readmissions to the same level of care or higher for individuals in managed care discharged from a residential treatment center			6%	8%	8%	9%	9%	9%	R
8	8 Percent of children and adolescents receiving Medicaid behavioral health services who are successful in school			N/A	72%					R
Program Rating		N/A						R		

Comments: The program reports an inability to collect data for measure 8. Although Medicaid is the predominant payer of behavioral health services, this measure was dropped for FY10. The Behavioral Health Collaborative will report on a similar measure of success of students receiving any behavioral health services, not those just paid by Medicaid. The program missed its target for readmissions (measure 7) and performance has slipped from FY08. Ideally, any readmission is at a lower level of care in a residential treatment center \acute{o} an indication of improvement in behavioral health.

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Income Support Budget: FTE: Program \$528,199.5 1,159			FY08 Actual	FY09 Target	Q2	Q3	Q4	Final	Rating	
9	Percent of TANF participants who retain a job for six or more months* (cumulative) ¹			77.4%	78%	53%	44.3%	42.8%	42.8%	R
10	Percent of TANF two-parent recipients meeting federally required work requirements*2			65.6%	60%	44.3%	57.6%	59.8%	50.9%	R
11	Percent of TANF recipients (all families) meeting federally required work requirements*2			43.5%	50%	42.6%	46.5%	31.0%	37.5%	R
12	Percent of food stamp-eligible children participating in the program*			70.2%	68%	77.3%	80.4%	56.6%	79.6%	G
13	Percent of expedited food stamp cases meeting the federally required timeliness of seven days*		98.3%	98%	97.6%	97.7%	98.0%	97.8%	G	
14	Number of New Mexico families receiving food stamps (cumulative)			97,989	95,150	109,069	116,437	127,141	127,141	G
Pro	Program Rating			Y						Y

Comments: The program continues to struggle meet the work participation rates in the Temporary Assistance for Needy Families (TANF) program, even after targets were adjusted down for FY09. The NM Works contractors now only report sixmonth job retention rate (measure 9), but the target was set for a three-month retention rate. This change makes a cross-year comparison difficult. The program is meeting all of its performance measures in the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps), and there is notable improvement in measure 12. The enrollment growth is likely due to the economic recession.

¹HSD reports on a six-month retention rate instead of a three-month retention rate as in HB2. Target is set for three-month retention rate.

²Data reported through federal fiscal year 2009 (Oct. 2008 ó May 2009)

Behavioral HealthBudget:FTE:Services Division\$64,810.744		FY08 Actual	FY09 Target	Q2	Q3	Q4	Final	Rating		
15	Percent of people receiving substance abuse treatment who demonstrate improvement on two or more domains of the addiction severity index for alcohol*			75%	79%	Annual	Annual	Annual	80%	G
16	16 Suicide rate among adults age 20 and older per 100,000*			20.6	20	Annual	Annual	Annual	Avail in Sept.	N/A
17	17 Suicide rate among children age 15-19 per 100,000*			18.5	14	Annual	Annual	Annual	Avail in Sept.	N/A
Program Rating		N/A						N/A		

Comments: The three measures in HB2 for this program are reported annually. The Behavioral Health Collaborative is required to report on behavioral health measures across state government, and FY09 data should be available in September. In addition, the program should track and report on measures that gauge progress in meeting these annual targets, and the department did propose some new measures for FY11 that can be reported quarterly.

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Child SupportBudget:FTE:Enforcement Program\$33,307.4403			FY08 Actual	FY09 Target	Q2	Q3	Q4	Final	Rating	
Percent of TANF cases with support orders receiving collections* (cumulative)			57.2%	60%	57.1%	58.8%	60.3%	60.3%	G	
19	Total child support enforcement collections, in millions* (cumulative)			\$95.3	\$100	\$52	\$79.7	\$111.1	\$111.1	G
20	Percent of child support owed that is collected* (cumulative)			58%	58%	59.5%	59.1%	59.3%	59.3%	G
21	21 Percent of cases with support orders*		66.2%	69%	65.7%	65.7%	66.2%	66.2%	Y	
Percent of children with court-ordered medical support covered by private health insurance (cumulative)			36%	40%	38%	39%	40%	40%	G	
Program Rating			Y						G	

Comments: The program did not meet the target for measure 21 \u00ed an important measure of enforcement \u00ed despite being well below the national average of 78%. Nevertheless, there has been steady improvement in this key measure, moving from 51% in FY04 to 66.2% in FY08. Collections continue to increase, and the program met the relatively new measure for court-ordered medical support (measure 22).

^{*} Denotes House Bill 2 measure